

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit::
Sequence submission?::
Computer Readable Form (CRF)?::
Title:: Chondrogenic Potential of Human Bone Marrow-Derived CD105⁺ Cells by BMP
Attorney Docket Number:: AM100581
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 9

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: India
Given Name:: Manas
Middle Name:: Kumar
Family Name:: Majumdar
City of Residence:: Burlington
State or Province of Residence:: MA
Country of Residence:: U.S.
Street of mailing address:: 14 Ruthven Avenue
City of mailing address:: Burlington
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 01803

Applicant Authority type:: Inventor
Primary Citizenship Country:: U.S.
Given Name:: Elisabeth

Middle Name:: Ann
Family Name:: Morris
City of Residence:: Sherborn
State or Province of Residence:: MA
Country of Residence:: U.S.
Street of mailing address:: 15 Apple Street
City of mailing address:: Sherborn
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 01770

Correspondence Information

Name:: American Home Products Corporation
Street of mailing address:: 5 Giralda Farms
City of mailing address:: Madison
State or Province of mailing address:: NJ
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07940-0874
Telephone:: 617-665-8653
Fax:: 617-876-5951

Representative Information

Representative Customer Number::	25291
----------------------------------	-------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/271,186	02/23/01
This Application	Non-Provisional of	60/333,975	11/29/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed:

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

C:\WINDOWS\TEMP\New Data Sheet - blank - 1-17-02.doc